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I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

**"Commissioner for Patents"**  
P.O. Box 1450  
Alexandria, VA 22313-1450

on APRIL 6, 2004

**MILTON L. HONIG**  
Reg. No. 28,617  
Attorney for Applica

**Attorney for Applicant(s)**

4/6/04  
Date of  
Signature

J6610(C)  
Y2-R206-EDG

FL 4A  
D8848  
4-2304

**PATENT**

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Technology Center 2600

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Customer Number: 000201

**Attorney Docket No.: J6610(C)**

Applicant: Hawkins et al.

Serial No.: 09/848,883

Filed: May 4, 2001

FOR: METHOD OF EVALUATING COSMETIC PRODUCTS ON A  
CONSUMER WITH FUTURE PREDICTIVE  
TRANSFORMATION

UNIUS No.: Y2-B206-EDG

Group: 2621

Examiner: Dennis Rosario-Vasquez

Edgewater, New Jersey 07020

April 6, 2004

## AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated February 27, 2004, please amend the above-identified patent application as follows.

**Amendments to the Specification** begin on page 3 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 4 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.

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UNITED STATES DEPT. OF COMMERCE  
Patent and Trademark Office

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an **AMENDMENT** in the above-identified application.  
 No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

|   | (2) * Claims<br>Remaining After<br>Amendment |       | (4)** Highest No.<br>Previously Paid For | (5) Present<br>Extra | (6) Rate  | (7) Additional Fee |
|---|--|-------|--|----------------------|-----------|--------------------|
| Total Claims                            |  | Minus |  |                      | \$ 18.00  |                    |
| Independent Claims                      |  | Minus |  |                      | \$ 84.00  | "                  |
| Multiple Claims                         |  |       |  |                      | \$ 280.00 |                    |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT |  |       |  |                      |           | \$                 |

\*If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

\*\*If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

Charge \$ \_\_\_\_\_ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.  
 The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

37 C.F.R. § 1.16;  
 37 C.F.R. § 1.17;  
 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

MLH/sm  
(201) 840-2403

*Milton L. Honig*  
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Reg. #28,617